

SAMPLE COVER/TRANSMITTAL LETTER TO ACCOMPANY REIMBURSEMENT CLAIM

(DATE)

Timothy R. Denison, Supervisor
Fund Management Section
Oil Remediation & Compliance Bureau
NHDES – WMD
29 Hazen Dr., P.O. Box 95
Concord, NH 03302-0095

Re: [TOWN], [ADDRESS], [SITE/PROJECT NAME] Request for Reimbursement No. **[NUMBER]**, -
[DOLLAR AMOUNT] NHDES No. [#####]

Dear Mr. Denison:

The [WORK DESCRIPTION] at the above referenced site is complete. Attached, please find the following documents in support of this reimbursement request:

- ***Request for Reimbursement Authorization*** [1ST REQUEST ONLY].
- ***Contract Or Vendor Agreement*** [NEEDED FOR DIRECT PAYMENT TO A CONTRACTOR OR VENDOR].
- ***Listing of Invoices*** [NEEDED FOR ALL CLAIMS].
- ***NHDES Work Scope/Change Order Authorizations*** [NEEDED FOR ALL CLAIMS].
- ***Contractor and Subcontractor or Vendor Invoices*** [NEEDED FOR ALL CLAIMS].
- ***Activity Reports Not Previously Submitted to NHDES*** [MAY BE NEEDED].
- ***Employee Payroll, Benefits, and Equipment Operating Cost Data for Work Performed by the Owner or Water Supply System Owner*** [MAY BE NEEDED].
- ***Waiver Request for Out-Of-Scope Work*** [MAY BE NEEDED, SEE SAMPLE WAIVER REQUEST LETTER].

The payment should be directed to:

[OWNER/CONTRACTOR/VENDOR/WATER SUPPLY SYSTEM OWNER – AS APPLICABLE]
[ADDRESS]
[TOWN/CITY, STATE ZIP]

Please call [NAME/the undersigned] at [PHONE NUMBER] if you have questions.

Sincerely,

[NAME, TITLE]
[COMPANY NAME]